Please type a plus sign (+) inside this box

PTO/SB/82(10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number Patent Number	09/863,960
Filing Date	May 23, 2001
First Named Inventor	Brian R. VICICH
Group Art Unit	2833
Examiner Name	B. Hammond
Attorney Docket Number	80505.5

I hereby revoke all pre application:	vious powers of attorney or autho	orizations of agent give	n in the above-identified			
A Power of Attorne	y or Authorization of Agent is sub	omitted herewith.	31 2003 //			
OR	OR Technology Center 2800					
Please change the	correspondence address for the	above-identified applic	cation to:			
Customer I	Number	□ →	Place Customer Number Bar Code Label here			
Firm or Individual Name Address						
Address City			:			
Country		State				
Telephone		Fax				
I am the: Applicant/Inventor.			RECEIVED OCT 3 1 2003			
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			OC 1 9 T 5003			
Statement	under 37 OF A 3.73(D) is enclose	u. (FUIII F I O/36/90/	Technology Center 2800			
	SIGNATURE OF Applicant or	Assignee of Record				
Name	Mr. John Shine					
Signature	The state of the s					
Date	10 (co (o3					
NOTE: Signatures of all the Inven forms if more than one signature	tors or assignees of record of the entire in is required.	terest or their representative	(s) are required. Submit multiple			
*Total ofform:	s are submitted					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the IndMdual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/96(08-00)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	STATEMENT UNDER 37 CF	R 3.73(b)
Applicant/Patent Owner: Brian R.	VICICH et al.	
Application No./Patent No.: 09/8	63,960 Filed/Issue Date: Ma	ay 23, 2001
Entitled: ELECTRICAL CONNECT		
CONFIGURABLE CONTACTS		
SAMTEC	, a Corporation	•
(Name of Assignee)	(Type of Assignee, e.g., corpora	ation, partnership, university, government agency, etc.)
states that it is:	•	RECEIVED
1. 🗹 the assignee of the enti	re right, title and interest; or	OCT-3 1 2003
2. 🔲 an assignee of less than	the entire right, title and interes age) of its ownership interest is	st,
In the patent application/patent ide	entified above by virtue of either	:
was recorded in the Unite	nventor(s) of the patent applicat d States Patent and Trademark	ion/patent identified above. The assignment Office at Reel 011848, Frame 0226, or
for which a copy thereof is at OR	tached.	
assignee as shown below:  1. From: The document was r Reel  2. From: The document was r	To ecorded in the United States Parame	or for which a copy thereof is attached.
3. From: The document was r Reel	ecorded in the United States Pa	
[ ] Additional documents	in the chain of title are listed or	a supplemental sheet.
<ul> <li>Copies of assignments or othe [NOTE: A separate copy (i.e., must be submitted to Assignman recorded in the records of the</li> </ul>	, the original assignment docum nent Division in accordance with	e are attached.  nent or a true copy of the original document)  1 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is so	upplied below) is authorized to a	act on behalf of the assignee.
Date		Mr. John Shine Typed or printed name Signature
		President Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

**→** [±

PTO/SB/81(02-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/863,960				
Patent Number					
Filing Date	May 23, 2001				
First Named Inventor	Brian R. VICICH				
Title	ELECTRICAL CONNECTOR				
Group Art Unit	2833				
Examiner Name	B. Hammond				
Attorney Docket Number	80505.5				
;					

				·				
l hereby appoint				<del>"</del>			,	
· noroby appoint	•				E	Place Custome	ar	
Practitioners at Customer Number				lumber Bar Co				
			<del></del>			abel here	~~·	
OR								
✓ Practition	ner named below:			•	_	-		
		ame		Registration Number				
	oseph R. Keating		37,368					
	hristopher A. Benn	ett	46,710					
	<u>-</u>							
<u></u>	· · · · · · · · · · · · · · · · · · ·						J	
As my/our attori business in the	ney(s) or agent(s) to United States Paten	prosecute the app t and Trademark	plication identified Office connected	d above, and to trans therewith.	act all			•
Please change	e the correspondence re-mentioned Custorr	e address for the	above-identified	application to:				
OR THE ADOV	e-mentioned Custom	ier Number.				Place Custo		
<u> </u>	iers at Customer Nur	mber (		<b>→</b>		Number Bar		
ÖЯ					•	Label here	Code	
•			•					
Firm or		Keating & Beni	nett, LLP					
✓ Individual I	Name							
Address		10400 Eaton Pl	lace					
Address		Suite 312				·		
City	·	Fairfax	State	VA	7	ZIP	22030	)
Country		USA						
Telephone		(703) 385-5200		Fax		(703) 385-50	80	
I am the:								
Applicant/Inve								
✓ Assignee of r	ecord of the entire in	terest. See 37 C	FR 3.71.					
Statement	under 37 CFR 3.73(	b) is enclosed. (F	orm PTO/SB/96)					
		SIGNATURE OF	Applicant or As	signee of Record				
Name	Mr. Joh	nn Shine				**************************************		
Signature		1						
Date			03					
NOTE: Signatures of all the forms if more than one sl	ne inventors or assignees gnature is required.	s of record of the ent	ire interest or their re	epresentative(s) are requ	ired. St	ubmit multiple		
*Total of	forms our substitute of					<del></del>	<del>- ,</del> -	
L	*Total offorms are submitted							
	<del></del>			<del></del>				

Burden Hour Statement: This form Is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

OCT 3 1 2003